L19000255186

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COVER LETTER

TO:				
CHD IE		MACHINERY SOLUTIONS.	LLC	
SUBJE	CI;	Name of Lin	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		Nicolas A. Apfelbaum, Es	q.	
			Name of Person	
	Apfelbaum Law Firm/Company 451 SW Bethany Dr Suite 202 Address Port St. Lucie, FL 34986 City/State and Zip Code contactus@alawfl.com E-mail address; (to be used for future annual report notification) ther information concerning this matter, please call: as A. Apfelbaum, Esq. Name of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy			
			Firm/Company	
		451 SW Bethany Dr., Suit	e 202	
			Address	
		Port St. Lucie, FL 34986		Do Code 236-4009 Daytime Telephone Number S60.00 Filing Fee. Certificate of Status & Cert
			City/State and Zip Code	
		contactus@alawfl.com		
		MACHINERY SOLUTIONS, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Nicolas A. Apfelbaum. Esq. Name of Person Apfelbaum Law Firm/Company 451 SW Bethany Dr., Suite 202 Address Port St. Lucie, FL 34986 City/State and Zip Code contuctus@alawfl.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: sq. 1772 Area Code Daytime Telephone Number e following amount: S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
For furth	er information co	oncerning this matter, please co	all:	
Nicolas	A. Apfelbaum, I	isq.	772 236-4009	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MT TECH MACHINERY SOLUTIONS, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/10/2019 and assigned
Florida document number L19000255186	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	114 43rd Ave SW
(Principal office address MUST BE A STREET ADDRESS)	Vero Beach, Fl. 32968
Enter new mailing address, if applicable:	114 43rd Ave SW
(Mailing address MAY BE A POST OFFICE BOX)	Vero Beach, FL, 32968
	SEC ALL
	THE STATE OF THE S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
-	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Tasca, Mauro	114 43rd Ave SW	
		Vero Beach, FL 32968	
			☐ Remove
			Change
			□ Add
			Remove
			Change
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			nal sheets, if necessary.)	
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Affective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	ck does not meet the app	olicable statutory filing	(optional) re than 90 days after filing.) Pursi requirements, this date will n	uant to 605.0207 of be listed as
e record specifies a delayed The 90th day after the reco		not an effective ti	me, at 12:01 a.m. on th	ne earlier o
October 24 Dated	2019			
			>	
 (Signature of a member or a	uthorized representative of	t'a member	
		•		

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Filing Fee: \$25.00